MEDICAL COLLEGE OF GEORGIA · GEORGIA'S HEALTH SCIENCES UNIVERSITY · 1828

Today

Volume 27, Number 3 Spring 1999

The Bed of Life

Stockade representing Brown's Garrison, 1936 commemorative U.S. half-dollar coin.

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Medical College of Georgia Today
Volume 27, Number 3 Spring 1999

If you want to get a sense of the caliber of Medical College of Georgia students, ask them about their experience in the anatomy lab. They speak eloquently of their awe of the human body and their deep respect for those who donated their bodies for the advancement of science. They deliver testimonials at an annual memorial service for MCG body donors in which they express their utmost appreciation for their sacrifice. We invite you to read about body donation at MCG in this edition of *Medical College of Georgia Today*. We think the article offers a unique insight both into the hearts of our exceptional students and those who selflessly offer the ultimate gift to MCG.

Fittingly, this edition of *Medical College of Georgia Today* also profiles Billy and Martha Payne, an Atlanta couple so impressed by the compassionate care Mrs. Payne's father received at MCG that they established an award for a graduating MCG student who exemplifies altruism. MCG is eminently proud of what a daunting challenge it will be to identify a single student embodying that characteristic. As we hope you realize as you read this edition of *Medical College of Georgia Today*, altruism is in no short supply here.

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AT A GLANCE

Brain-Body Connection

If you're right-handed, your left hand has the finer sense of touch, according to research at the Medical College of Georgia.

In studies of the functions of the different sides of the brain, MCG researchers confirmed their theory: The left hand of right-handed people is more perceptive because it's controlled by the right brain, which directs attention externally. The hands of left-handed people, whose functions tend to be more evenly distributed between the right and left brain, are equally sensitive.

"It makes sense, because the right brain is more hard-wired into the left hand, that there is a slight asymmetry and the left hand is better at perception," said Dr. Kimford J. Meador, chief of behavioral neurology at MCG and lead author of the study published in the September issue of the journal *Neurology*. "These findings tell us something basic about human brain function."

Researchers put electrodes on the fingers of 126 volunteers and asked them to concentrate on the finger being tested. They were asked when they first felt a slowly increasing electrical current and when that feeling went away as the current was reduced. "Consistently in right-handers, the threshold was lower in the left hand across all ages," Dr. Meador said.

Researchers also tried to duplicate in healthy people a phenomenon in which some right-brain stroke victims neglect—at least temporarily—their left side. "After a right-brain stroke, the left brain—which is dominant for language and more linear in function than the right side—can't scan to the left side, resulting in a phenomenon called neglect syndrome. If you touch them on the left side, they may not feel it, and when you touch both sides at

Dr. Kimford J. Meador and research scientist Patty Ray measure Todd Goff's responses.

the same time, they only feel the healthy side. It's called extinction," Dr. Meador said.

In the study, researchers duplicated extinction in healthy people by electrically stimulating one hand, then almost immediately stimulating the other more intensely. Participants consistently ignored the lesser pain, noticing only the larger stimulus that followed. Extinction was easier to produce in the right hand. This experiment not only confirmed the findings of increased left-hand sensitivity, but showed that perception is delayed, at least by milliseconds. "It shows that the stimulus didn't get to consciousness immediately," Dr. Meador said.

Bonding with Baby

The Medical College of Georgia Children's Medical Center is using technology to bring hospitalized babies and their families together.

A compact, commercially available videoconferencing system enables family members to electronically visit their baby and his caregivers in the Children's Medical Center neonatal intensive care unit, said Dr. Warren B. Karp, professor of pediatrics and coordinator of telemedicine and distance learning for the MCG Department of Pediatrics.

The 36-bed NICU is a referral site for premature and critically ill newborns throughout much of the Southeast. Some spend months in the unit and are often hundreds of miles from home, said Dr. Jatinder J. Bhatia, chief of the MCG Section of Neonatology. "Many parents spend a great deal of time with their children in the hospital," he said. "But this is a comforting option for families distanced from their babies by circumstances they cannot control."

Several videoconferencing units are in the NICU and two loaner units can go home with families. "The children's families love it; the health professionals love it," Dr. Karp said. The real-time, user-friendly videoconferencing system lets parents see and hear their newborn and the health care professionals caring for them. The NICU staff controls the video technology, freeing the family to simply enjoy the visit and ask any questions they might have.

Other applications include providing immediate family access to the NICU when a baby goes home after a long hospitalization; using the technology at referring hospitals to ease separation anxiety when newborns are transported to the CMC; improving follow-up care when logistical problems interfere with health care after infants' discharge from the NICU; and offering long-distance lectures and other continuing education for pediatric health care professionals.

"Our goal is to explore the potential for low-cost telecommunications in neonatology and other areas of pediatrics and to help other facilities do the same," Dr. Karp said.

Cyber-Library

A new library system enables anyone with Internet access to peruse the 205,000-plus holdings of the Medical College of Georgia's Greenblatt Library.

In addition to serving as an Internet card catalog for the library, the system—Galileo Interconnected Libraries, or GIL—also lets library members renew a book, review the materials they have charged, check the due date of those materials or otherwise access their library records from any computer.

GIL, purchased from the software manufacturer Endeavor, represents a significant step toward University System of Georgia Chancellor Stephen Portch's vision of a statewide virtual library. Following MCG's lead, each of the university system's 34 libraries will implement GIL within three years. Students, faculty and staff will be able to search, browse and check out materials from any of these 34 libraries via the Internet. "Users will be empowered to conduct their own searches in a user-friendly format whenever and wherever needed," said Tamera Lee, MCG's director of libraries.

Tom Rogers of MCG's Information Services Division provided the technical support to adapt the library's former online catalog to the software for systems conversion and will assist Kristy Stephens, head of Library Technology Services, as GIL evolves. "The Endeavor software will link to other computer programs campuswide such as the student database," Mr. Rogers said.

Marilee Creelan, head of Library Collection Services, anticipates that GIL's use throughout the university system will make the schools more collaborative than ever. "For instance," she said, "if we find that the University of Georgia already has five copies of a book, we might reconsider buying it, since our students could check it out of the UGA library. Also, students throughout the state can take advantage of our materials, including our extensive journal holdings."

The public is already taking advantage of GIL, with the website (www.gil.mcg.edu) receiving hits statewide.

To sign up for a GIL training course, call (706) 721-3441 or e-mail Frank Davis at frdavis@mail.mcg.edu

The Bed of Life

Christine Hurley Deriso

When Regina Lee died on her fifth birthday July 4, 1971 after a tragic drowning accident, a part of her mother died as well.

Most of Jean Dible's heart and soul was crushed by grief. But the part that survived lived on with a mission: to keep Regina's memory alive and to ease the burden of those who must say goodbye to a loved one.

"You don't get over the death of a child," said Ms. Dible, whose daughter is forever frozen in her mind as the laughing, joyful 5-year-old light of her life.

Of course, as life so stubbornly requires, Ms. Dible *did* move on. She lovingly raised her older daughter and pursued a career in sales. But thoughts of death lingered in her mind—not in a macabre way, but with a mix of pragmatism and altruism. She was struck by the crushing demand of having to make expensive, uniformed choices—how to respectfully and meaningfully part with a loved one's remains—in the midst of the extreme stress that inevitably accompanies death. "Over the course of several years, I had to bury my mother, my father and my daughter. It was very, very expensive and I had no insurance, which is the case for many people, I think."

The burden was particularly onerous regarding her father, who died only days after Regina's birth. "I had to go back to work to pay for the funeral, and my daughter was only 2 weeks old," she said. "I've never forgotten that. I went through a burial again when my mother passed away in 1985, and I thought, 'Something needs to be done.'"

So she did something: She began researching the death industry, amassing reams of information about caskets, embalming, burials, cremations—virtually every aspect of the field, hoping to compile it into a user-friendly consumer guide. But as she studied an often-overlooked alternative to expensive burial—body donation—the book's focus began to change. "When you ask people if they're interested in donating their body to science after death, they say, 'Absolutely.' But then they don't do anything about it," Ms. Dible said. "For most people, it's all talk. But most body-donation programs require a contract to be signed before death, and there is no guarantee of a tomorrow. Once a person passes, a decision must be made in a matter of hours. If your wishes aren't known, your body will go straight to a funeral home."

"Let the death bed be called the "Bed of Life," so that the body taken from it may be used to help future generations lead more pain-free and productive lives.

If you must bury or burn something, let it be my faults, my weaknesses and all my prejudices against my fellow man."

—Robert Test,
American Poet

As she learned more about body donation, she asked Dr. Gene L. Colborn, professor of anatomy at the Medical College of Georgia, to edit her text, which he gladly did. Then she spent a day in the lab where MCG students use donated bodies to unearth information that could never be comparably relayed in a textbook. By the time she left the lab, she'd decided to donate her body to MCG after death. "I had no hesitations whatsoever," she said. "There is so much respect among the students. Everyone is so kind. My experience that day was far beyond what I expected."

Ms. Dible's book, *Anatomical Gift: Whole Body Donation Guide,* was self-published in 1997 under the pen name of her beloved deceased daughter, Regina Lee. "I wanted to keep her memory alive," she said.

The book details how and where to donate one's body to medical science, referencing 115 U.S. medical programs. Dr. Colborn and his longtime colleague, Jackson Rhoades, director of body donation and laboratory supervisor for the MCG Department of Anatomy, have a mission they consider sacred: to ensure that bodies donated to MCG are treated with the utmost dignity and respect.

"The overall state of mind of the student [dissecting a body] is one of appreciation and wonder—wonder about what is discovered and about the heart of the individual who donated the body," Dr. Colborn said. He believes the rules of etiquette observed in the anatomy lab influence students' attitudes toward human life from that point forward.

"The students have a deep desire to be sensitive and show respect—for instance, to keep the bodies draped and protected except for the part being studied," Dr. Colborn said.

Medical student Sue White attributes that mindset to Dr. Colborn himself, a soft-spoken man whose kind blue eyes and gentlemanly manners have a calming effect whenever he enters a room. "Dr. Colborn gave us an attitude toward the bodies," Ms. White said. "He instilled a respect toward those who donated their bodies."

Dr. Colborn acknowledges that in this day of astonishing technological wizardry, many aspects of anatomy can be gleaned through computers and other media. But nothing, he insists, can substitute for feeling, probing and knowing the human body, inside and out.

"The process of dissection is finding where something is, starting from the outside. The second phase is exposing the body's structures," Dr. Colborn said. "What students learn is that each human being is just a little different from every other—in vessels, nerves, even basic organs."

Students inevitably marvel at what they discover, he said. "They find the beauty of organization; the body consists of so many parts, all packed in a

Students in MCG anatomy lab

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* Bolded items above can be found in photo.

very, very small space," Dr. Colborn said. Students also discover the body's resilience. For instance, they might discover a heart defect that would have been fatal if another part of the body hadn't stepped in to compensate.

"If it wasn't for the anatomy lab, we wouldn't have an appreciation of anatomy," said MCG medical student Lee Winans. "Reading from a book isn't enough. Until you see a body and get an appreciation of its functions, you can't understand what a physician needs to know. An anatomy book presents a perfect world. The body is the real world. There's a big difference."

Medical student Melissa Walls concurs. "Unless you're in the anatomy lab," she said, "you don't realize how valuable the human body is."

"It makes me want to do a better job, knowing the sacrifice the body donor has made," said medical student Ann Weiss.

Few generalizations apply to those who donate their bodies to medical science. "They come from all walks of life. But they have one thing in common: Without doubt, they feel they are benefiting those around them and those yet to come by doing something for the advancement of medicine," Dr. Colborn said.

"It's the gratification of knowing maybe I can help someone else," said Ms. Dible of her decision to donate her body to MCG after death.

"Most people donate for altruistic reasons," said Mr. Rhoads. "Many of them were patients at MCG Hospital and had a good experience. This is a way to say, 'Thank you.'"

MCG never solicits body donation but stands ready to help once the decision has been made. Mr. Rhoads provides donation booklets that include all the information needed to donate one's body to MCG. At no cost to families, MCG accepts donated bodies from Georgia, South Carolina and parts of Alabama and Tennessee. Once the body has been donated, Mr. Rhoads embalms it (those that cannot be embalmed cannot be accepted) and preserves it with plastic—a technique he developed that precludes refrigeration.

After the bodies have been studied in the lab, the remains are cremated and returned to the family, if they wish. Family members also are invited to ecumenical memorial services held twice a year for bodies donated to MCG and Emory University. "The mood at the services is that of any gravesite service," said Dr. Colborn. "For many, it is a time of long-awaited closure and a feeling of lightness. The gift has been given. A loved one has been remembered, and appreciation has been expressed."

MCG students also conduct annual memorial services, complete with music, readings and testimonials. "They are very touching ceremonies that really express the students' appreciation," said Mr. Rhoads.

Dr. Colborn agrees. "They are memorable...beautiful."

For more information about body donation, contact Mr. Rhoads at (706) 721-4772.

In Praise of Compassionate Care

Christine Hurley Deriso

Martha Payne knows all about the technological marvels of medicine.

She knows about the diagnostic techniques, surgical procedures and state-of-the-art pharmaceuticals that have transformed health care and saved countless lives. She is eminently grateful that those life-saving measures are available.

Yet technology does not top the list of Martha and her husband, Billy, when they ponder the most valuable aspects of medicine. They learned firsthand that the truest measure of a physician's worth is the depth of his heart.

"I think all of us know there are a lot of brilliant doctors out there—but to couple that brilliance with compassion is extraordinary," said Mrs. Payne, whose father, John F. Beard, was a patient at the Medical College of Georgia during the last year of his life. Although Mr. Beard ultimately lost his battle with cancer, the Paynes noted that the compassionate care he received at MCG ensured that he ended his life with as much dignity as he had lived it.

Indeed, they were so impressed by his health care team's altruism—particularly that of Drs. Francis J. Tedesco and Mark Williams—that they want to do everything possible to encourage the life-affirming quality of compassion in the next generation of health care providers. Last year, Mr. and Mrs. Payne established a $25,000 award to be presented annually to an MCG graduate who exemplifies caring and compassion in health care. The first award was presented to Tywaun K. Tillman during his 1998 graduation from the MCG School of Medicine.

The John F. Beard Award, given without regard to academic standing, race, color, religion, sex, age, handicap or national origin, memorializes Mr. Beard and honors Drs. Tedesco and Williams.

Martha and Billy Payne (above) and John F. Beard (inset)

Billy Payne presents John F. Beard Award to Tywaun K. Tillman (third from left) in honor of MCG President Francis J. Tedesco and Dr. Mark F. Williams (right)

"These two doctors set such a wonderful example," Mrs. Payne said. "We thought if we could figure out how to let others know what they had done and to inspire others to do the same, it would be a very fitting memorial."

Dr. Williams, chairman of the Department of Otolaryngology, Head and Neck Surgery at Johns Hopkins Bayview Medical Center in Baltimore, graduated from the MCG School of Medicine in 1988 and while serving as an assistant professor of surgery at MCG treated Mr. Beard for the malignant tumor in his neck. He successfully removed the tumor—a particularly challenging task because of its proximity to the carotid artery—and remained a comforting and supportive friend of the family even after moving to Baltimore.

"Whoever would have thought that Mark Williams' daily phone calls to Martha, even when he moved to Johns Hopkins, could have done so much to communicate the love he had for our family?" Mr. Payne said during his commencement address to MCG graduates last spring.

The Paynes were equally touched by Dr. Tedesco's "simple acts of kindness. Whoever would have thought," Mr. Payne said, "that Fran Tedesco's visits to my father-in-law's hospital room every single day at 6 a.m. and 6 p.m. for almost two straight months could have brought so much joy in the midst of such sorrow?"

Indeed, the entire health care team befriended the family and respected Mr. Beard's need to retain as much autonomy as possible during the last chapter of his life. "My father was always completely independent; he did everything for himself," said Mrs. Payne. "He was very private and he didn't like to be hovered over. MCG found that middle ground."

The staff also made every effort to respect the family's needs and preferences. "My biggest fear," Mrs. Payne said, "was that I would come to the hospital and find out my father had died. Dr. Williams assured me that that would not happen, even if he had to flag me down in the street to give me bad news before I walked in the hospital. That was such a comfort. It meant I could come to visit my father without having a knot in my stomach, because although his condition was terminal, I knew when I walked in that everything was under control."

His treatment "was successful beyond measure as it provided for Mr. Beard, for every day of the balance of his life, hope and dignity—the certain knowledge that he had clung to life, fought the brave fight and cherished every single moment he spent in our home with his beloved daughter, proving once again that depth is a better measurement of life than length," Mr. Payne during his commencement address.

Mr. Beard's family—Martha and Billy, their two children, Martha's brother John Jr. and his family—were by his side until the day he died. During his treatment at MCG, Mrs. Payne commuted daily from her Lake Oconee home 90 miles from Augusta to visit her father in the hospital or take him to his daily appointments. "I didn't feel like I was making any sacrifices," she said.

Indeed, she was simply following her father's lifelong example. Mr. Beard, a native of Moultrie, Ga., treasured family above all else. He met his wife, Mary Huber Beard, during his youth and never dated anyone else. They married soon after high school, and Mr. Beard enrolled at the University of Georgia. His academic aspirations were temporarily interrupted during his junior year, when he left school to join the U.S. Army Air Corps. During World War II, Mr. Beard flew many successful combat operations in the European theatre. During what was scheduled to be one of his last missions, Mr. Beard's bomber was shot down over occupied France. He was captured and served as a German prisoner of war for the next 18 months.

Mr. Beard and his fellow prisoners were liberated near the conclusion of the war by Russian troops advancing on Berlin. Shortly after his release, he returned to Moultrie and into the loving arms of his wife. As the couple raised their children, Mr. Beard served as a civilian flight instructor at the Hawthorne School of Aviation in

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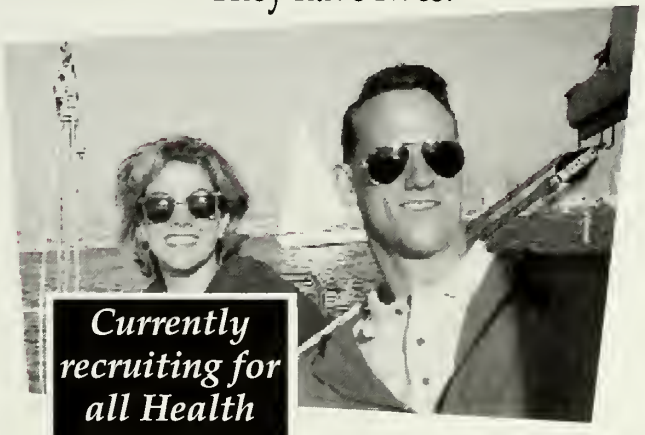
Moultrie, where service and constant exposure to the raging noise of plane engines cost him his hearing and forced his early retirement at age 45. At that point, he began a successful 20-year career as a building contractor. During his lifetime, Mr. Beard served as a deacon, elder and choir member at the First Presbyterian Church in Moultrie.

When Mrs. Beard became ill in the mid-'90s, Mr. Beard was, as always, by her side, tending her every need until her death in August 1996. "They were the loves of each other's lives," Mrs. Payne said.

Their example was a lasting lesson in love and dedication to their children. Mrs. Payne wishes her parents could have known their great-grandson, Bo, born this fall. But she knows their legacy of love will guide Bo and future generations of the family, just as she and her husband hope the gift to MCG will inspire future generations of physicians. "Life's greatest rewards," said Mr. Payne, "are reserved for those who bring joy to the lives of others."

Our health care team members don't just save lives. They have lives.



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Clearing the Air about Glaucoma

Toni Baker

Smoking marijuana is not an effective or safe way to control the dangerously high intraocular pressures of glaucoma, according to an article in the November issue of *Archives of Ophthalmology.*

However, some active chemicals found in marijuana that impact pressure inside the eye may hold potential for improved glaucoma treatment and/or serve as models for developing new treatments that don't have the psychoactive effects of marijuana, according to Dr. Keith Green, Regents professor of Ophthalmology and Physiology and Endocrinology at the Medical College of Georgia and author of the scientific review article.

"Although it is undisputed that smoking of marijuana plant material causes a fall in intraocular pressure in 60 to 65 percent of users, continued use at a rate needed to control [the high pressure of glaucoma] would lead to substantial systemic effects," Dr. Green writes in his review of nearly 30 years of research.

Marijuana produces an immediate and dramatic—albeit short-lived—reduction in intraocular pressure; the pressure is reduced, on average, about 25 percent whether or not the smoker has glaucoma. To avoid unhealthy peaks and valleys in pressure, people with glau-

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coma would have to smoke about eight to 10 marijuana cigarettes a day, or about 3,650 marijuana cigarettes a year.

"You need tremendous amounts of it per day to control a 24-hour-a-day disease," Dr. Green said. "It is difficult to imagine anyone consuming that much marijuana and being a productive individual who is incorporated into society and perhaps operating machinery or driving on the highways," Dr. Green writes. "Similarly, the systemic end-organ effects at this level of consumption have the potential of being quite high."

Acute effects of marijuana include increased pulse rate, a dramatic drop in blood pressure upon standing up, euphoria and reddened eyes. Long term, marijuana smoking can cause emphysema-like changes in the lungs, and regular use can cause cognitive problems, especially in the over-55 age group in which glaucoma is most prevalent, he said.

"Marijuana can't be classified as a medicine," Dr. Green said of the diverse plant material which contains nearly 500 chemicals in varied mixtures depending on factors such as the soil in which it was grown and the part of the plant smoked.

Traces of about 50 of those chemicals have been found in the blood of animals and humans exposed to marijuana and therefore identified as active chemicals or cannabinoids; tetrahydrocannabinol, or THC, is the most active of the group.

Researchers such as Dr. Green are still identifying cannabinoids that impact eye pressure and working to determine how they lower pressure. "We know they increase outflow of fluid from the eye, but we don't know how they do it," he said. Glaucoma tends to run in families and results from a defect in the outflow pathway. The defect disturbs the natural balance of fluid produced at the back of the iris, moving toward the front of the eye then into the body's general circulation through an angle between the base of the iris and the periphery of the cornea. The resulting increased pressure inside the closed confines of the eye damages and eventually kills nerves, resulting in vision loss. Dr. Green noted that despite anecdotal reports that smoking marijuana helps with the 'symptoms' of glaucoma, the disease has no symptoms other than resulting vision loss.

Dr. Green recently began working with a synthetic cannabinoid compound that lowers intraocular pressure with no psychoactive effects to determine precisely how it works. He's also using the cannabinoids as models for developing drugs that specifically reduce intraocular pressure without the systemic effects of marijuana because they won't bind to cannabinoid receptors scattered throughout the body, including the brain, liver and reproductive organs.

He began studying marijuana's impact on glaucoma in 1972 after California researchers, as part of a larger study, noted that smokers experienced red eyes and decreased intraocular pressures.

AlumNews

1998 State of the University Address

Building on Our Success

Francis J. Tedesco, M.D.
President, Medical College of Georgia

If the past is truly prologue to the future, I'd say we have a very bright one. Just this month, we had confirmation of our success. In a monumental event, a Blue Ribbon panel carefully reviewed and strongly approved the fundamental vision and tripartite mission of the Medical College of Georgia.

This year marked my 11th anniversary as MCG president. As I thought about today's address, I reflected on the enormous changes we've effected: from our nationally recognized Telemedicine program to the new Interdisciplinary Research Center...from our Institute of Molecular Medicine to the new children's hospital, not to mention 14 endowed chairs for the School of Medicine, an endowed chair in the School of Nursing and the soon-to-be-created endowed chair in the School of Allied Health Sciences, and a student body that exceeds national averages.

I want to take a moment to salute each and every one of you for an outstanding decade of progress and dedication. And this is the only place in my speech where you *must* applaud!

I could go on at length about our accomplishments, because I've only mentioned a few. But I'm not here today to talk about how we became who we are. I'm here to talk about what we are to become: the best health care providers of the next century.

As you can tell, today's talk is focused on the clinical-care component of our tripartite mission.

A long time ago, Dr. William Mayo declared that "The best interest of the patient is the only interest to be considered." Does that belief still apply? Well, it has served the Mayo organization for more than 100 years, allowing them to transform and re-invent the way they provide health care, seek answers and educate others.

Through all those years, Mayo has not merely reacted to change, but ridden on the leading edge. They're ready to meet the health care challenges of the 21st century. Mayo's current CEO, Robert Waller, has said that "As the world of health care continues to change, Mayo cannot stand still.

"We'll not wait," he says, "for health reform from Congress or state legislators to dictate change."

Today, Mayo is merging with other providers to shape integrated health care networks that serve geographic regions. They have consolidated services and jobs to serve more patients without a loss of quality. They treat more people on an outpatient basis. And they remain a vibrant education center for the next generation of health care providers.

Whether we're in research, education or the clinic, patients are critical to MCG's success. Basic as that seems, it serves to remind us that our clinical mission remains a solid stake in the ground.

But it's harder and harder to keep our sights on the mission when greater and greater hospital budget cuts are striking at the hearts and souls of our clinical staffs. How can we do more with less? How do we provide care for increasing numbers of non-insured and the underprivileged? Funding cuts are a fact of life, and cold, hard facts say we must develop new ways of providing the best health care. Society has changed, business climates have changed. Indeed, health care caught the wave of change later than corporate America.

In the '80s and '90s, the term "restructuring" echoed from coast to coast as such mainstays as IBM, Xerox and

Texaco found themselves out of touch with a changing global economy.

Those that re-invented themselves claim that the ability of their people to think out of the box made all the difference. Once employees decided they wanted to win, the old "teamwork" cliche took on an entirely new meaning. Manufacturing engineers began meeting with customers. When lab budgets were cut, researchers came out of the labs and brainstormed with product designers. The word "co-opetition" was invented as high-tech companies discovered they needed to partner with their competitors in some areas while competing fiercely in others. It was the dawn of a new age of alliances, partnerships and joint ventures.

So, what does all that have to do with health care?

Economic and social forces have put our industry under siege. The remaking of corporate America had a major impact on group health insurance. Managed care evolved in response. Managed care, as well as decreasing reimbursements for clinical services, and the reluctance of third-party payors to cover the cost of medical education, are the drivers of the environment in which we must operate. These are facts. And they are unrelenting.

While we're all aware of the changing environment, most of us wish that things could just remain the same. Change is uncomfortable. Human nature resists the unknown. For the past couple of years, we have all been dealing with uncertainty, knowing change is coming, not knowing how it will play out. As physicians, teachers, nurses and health care staff, you deal with difficult concepts like cancer and Alzheimer's every day. You routinely confront these unknowns head-on. That's the way you heal, discover cures and inspire others to follow in your path. I am confident that you will reach out and confront any uncertainty by actively reshaping MCG.

People at other institutions are doing it. At the University of Mississippi Medical Center, for example, employee teams called the Pain Patrol, the Houdinis and the Chem 15 are continually seeking new ways to improve performance. An assistant professor of pathology led the Chem 15 team, which set out to reduce the number of Chem 15 diagnostic tests being routinely ordered. Medicaid and Medicare were refusing to reimburse for the entire set of tests if all were not necessary. The Chem 15 team developed new requisition forms to make it just as easy for physicians to order specific tests. A small change perhaps, but it saves them about $60,000 a year in reagent costs.

On a larger scale, the University of Colorado has recently experienced what MCG is going through. For several years, funds had been diminishing for the University Hospital. The university found it necessary to subsidize the hospital, even using tuition dollars. To some degree, the university was subsidizing indigent care. The University of Colorado considered its options. One was to create a hospital authority. The other was to create a 501 C (3) tax-exempt corporation that would own and run the hospital. Both choices were viable. An authority would be able to borrow capital without the university's credit backing and participate in integrated delivery systems. But a 501 C (3) was considered better for joint ventures.

The University of Colorado chose the 501 C (3). Shortly after it was approved by the state legislature, employees filed suit. The state Supreme Court ruled the non-profit corporation invalid. So the university created an authority, naming Dennis Brimhall, associate vice chancellor of Fitzsimons University, as president of UC Hospital. As Mr. Brimhall has said, the model chosen is not as important as getting the job done. However, in the state of Colorado, an authority turned out to have more advantageous employee benefits than a corporation. Colorado transferred its hospital for greater flexibility in hiring, participation in group purchasing arrangements and joint ventures—and fast access to capital.

The hospital authority is charged with supporting the academic mission of the university. There is a set of agreements between the university and the authority, defining the exchange of services as cost-based. The hospital has operated successfully since 1991. It receives 30 percent of the cost of indigent care from the state. They have received no other state support. Yet they have increased support of the university's academic programs.

The Medical College of Georgia Children's Medical Center, which was officially opened Dec. 8, was the site of a tree-lighting ceremony Dec. 7. The ceremony celebrated the holiday season and the realization of a longtime dream: a second-to-none children's hospital for the state of Georgia.

Like Colorado, MCG has to be flexible in order to stay focused on its mission. That's why we have established MCG Health, Inc., a non-profit governing body under which MCG Hospital and Clinics can operate like other health care entities. MCG Health, for example, will be able to enter into joint ventures and other relationships that would not be possible under our public system. It will be able to hold over unused revenues from the hospital and clinics and reinvest those funds in business initiatives, as other hospitals can. As a separate entity, MCG Health will be free to adopt business practices that are more in line with those used in the health care marketplace. Most important, through new relationships, the hospital and clinics will expand our citizens' access to high-quality care. And that in turn will help attract the volume and mix of patients that MCG needs to maintain its teaching vitality.

Currently, MCG Health has a board of directors composed of four regents, three public appointees, a designee of the chancellor of the university system, the president of MCG, the dean of the School of Medicine and the PPG president. All of those are voting members. In addition, there are three ex-officio, non-voting members. They are the CEO of MCG Health, the hospital's executive director and a yet-to-be-named CEO of MCG Health. We expect that the organizational transition will occur over the next 18 months. And you can be sure you'll be hearing much more detail as it unfolds.

Every part of this university is integral to our mission. And every one of you is integral to creating the best health care and the best health care providers of the next century. I certainly don't have all the answers on how to get there. One thing I do know is that medicine must remain as much an art as a science. We cannot afford to settle for just science. We must continue the art of touching our patients. We must take time to really talk to them, and we must impart those values of humanity to our students.

If you're wondering what you as an individual can do right now, I recommend three things:

- First, challenge yourself to apply your unique talents and skills in new ways. Think out of the box. Imagine doing things that aren't in your job description or traditional responsibility. Take on new responsibility for initiating change.
- Second, muster up your personal vitality and share it with others beyond your immediate scope of colleagues. Brainstorming between people of entirely different disciplines can yield novel solutions.
- Third, become a student of the future. Know where our future customers are coming from and anticipate what their health care needs might be.

As you know, the oldest members of the baby boom generation are now turning 50, so the next 20 years will see a huge expansion in this country's aging population. Unlike previous generations, however, these seniors are not going to go quietly into their sunset years. They intend to be riding mountain bikes at 65, skiing at 80 and playing tennis until 100. Oh, yes—and some will undoubtedly be riding space shuttles into their 70s!

What approaches to geriatric care will be effective for them? And how do we inspire our students to do creative planning for this large population of future patients? Looking even further down the road, consider what today's 10-year-olds will expect from medicine when they are adults. Being bombarded from birth by mass media and the Internet will make them incredibly savvy health care consumers.

There's no question that you collectively have the capacity to create MCG's future. Just look at the success you have to build on! The question is: Do you have the will? The road to being the best health care providers of the next century is not an even grade. But if each of us contributes our intellect and our enthusiasm, the journey will surely be rewarding. Even though I'm sure there will be bumps, twists and turns along the way, I'm confident that working together, we'll be successful. Because today, what we are doing is creating our future by building on our success. Thank you.

Activities Abound for Homecoming

Homecoming 1999 at the Medical College of Georgia will be held April 22-25. Activities for alumni, faculty and students of the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing are listed below, along with planning information. For more information, contact the MCG Alumni Office at 1-800-869-1113.

Accommodations

Hotel rooms have been secured for MCG Homecoming participants at the following hotels. Guests are responsible for making reservations with the hotels.

- Partridge Inn, 2110 Walton Way, (706) 737-8888
- Radisson Riverfront Hotel, Two Tenth Street, (706) 722-8900
- Radisson Suites Inn, 3038 Washington Road, (706) 868-1800
- Sheraton Augusta Hotel, 2651 Perimeter Parkway, (706) 855-8100

Hospitality Suite

Plan to meet your classmates and fellow alumni at the Homecoming hospitality suite at the Radisson Riverfront Hotel, Two Tenth Street, on the second floor (banquet room level). The suite will be open April 23 and 24 from 11 a.m. to midnight. Bring old photographs, yearbooks, scrapbooks and movies to the hospitality suite and relive your days at MCG with your friends. Refreshments will be available.

Agenda

Thursday, April 22

- On-site registration, 9 a.m. to 2 p.m., MCG Alumni Center, 919 15th Street

Friday, April 23

- On-site registration, 9 a.m. to 3 p.m., MCG Alumni Center, 919 15th Street
- Golf tournament, 9 a.m., Jones Creek Golf Club, 4101 Hammonds Ferry, $60 alumni and faculty; $45 students. Entry fee includes lunch, beverages, green fee and cart. No jeans and shirts with collars, soft spikes only.
- Tours, 10 a.m., beginning from MCG Alumni Center, 919 15th Street

Saturday, April 24

- On-site registration, 9 a.m. to 3 p.m., MCG Alumni Center, 919 15th Street
- Student Government Association cookout, 11:30 a.m. to 2:30 p.m., MCG Alumni Center, 919 15th Street
- MCG Foundation board meeting, 1 p.m., Old Medical College, 598 Telfair Street
- President's Reception, 3:30-5:30 p.m., 920 Milledge Road
- Homecoming Dance, 9:30 p.m. until, Radisson Riverfront Hotel, Two Tenth Street. The Dick Goodwin GT Sextet will perform.

School of Allied Health Sciences

Friday, April 23

- Department of Associated Dental Sciences program, 8 a.m. to 5 p.m. (registration at 7:30 a.m.), MCG Alumni Center, 919 15th Street, six hours of continuing-education credit. The course, *Preparing for the Future, the Future is Now,* will provide the most current information on nutrition, latex allergies, cardiac conditions and prevention of work-related postural disorders. For more information, contact the department at (706) 721-2938.
- School of Allied Health Sciences Alumni Association luncheon and presentation of Distinguished Alumnus Award to Jeffrey Dowling (P.T., 1989), noon, Old Medical College, 598 Telfair Street, $10 per person.

Saturday, April 24

- Department of Associated Dental Sciences program, School of Dentistry Building. For more information, contact the department at (706) 721-2938.
- Occupational Therapy Class of 1994 Reunion, noon, barbecue at Pendleton-King Park.

Sunday, April 25

- Occupational Therapy Class of 1994 Reunion Brunch, 10 a.m.-2 p.m., Partridge Inn.

School of Dentistry

Saturday, April 24

- 21st Annual Marvin Goldstein Lectureship, 8 a.m. to 3:30 p.m. (registration at 7:45 a.m.), Radisson Riverfront Hotel, Two Tenth Street. Noon luncheon will include presentation of the Dentistry Alumni Association Distinguished Alumnus Award. Fees: $60 dentist (includes lunch); $55 auxiliary (attending with dentist and includes lunch); $25 spouse/guest (lunch only). Dr. Louis F. Rose will discuss "Surgical and Prosthetic Challenges in Implant Dentistry and Regeneration: An Integrated Approach."
- School of Dentistry Alumni Association business meeting, 3:30 p.m., Radisson Riverfront Hotel, Two Tenth Street
- Class of 1974 reunion, 6 p.m. social hour and 7 p.m. dinner, Radisson Riverfront Hotel, Two Tenth Street, $25 per person. Faculty members who taught while this class was in dental school are invited as guests of the School of Dentistry Alumni Association.

School of Graduate Studies

Thursday, April 22

- School of Graduate Studies Alumni Association board and annual meeting, noon, MCG Alumni Center, 919 15th Street
- School of Graduate Studies Alumni Association Distinguished Alumnus Award presentation and lecture, 4 p.m., School of Dentistry Building, AD-1020. Dr. Brooks Keel (endocrinology, '82) is this year's award recipient.
- School of Graduate Studies Alumni Association reception, 5 p.m., MCG Alumni Center, 919 15th Street
- School of Graduate Studies Alumni Association/Graduate Student Research Day dinner, 6 p.m., MCG Alumni Center, 919 15th Street, $10 per person for alumni, faculty and their guests. No cost for students and one guest each if tickets are picked up from dean's office by April 16. Cost at the door: $10 each.

School of Medicine

Friday, April 23

- School of Medicine Dean's Reception, 5:30-7:30 p.m., Old Medical College, 598 Telfair Street
- Alumni Association of the School of Medicine annual banquet and presentation of Distinguished Alumnus Awards, 7:30 p.m., Old Medical College, 598 Telfair

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Street, $35 per person. Receiving this year's awards are Dr. Gordon Jackson ('52), Loyalty, and Dr. J. Roy Rowland ('52), Professional Achievement.

Saturday, April 24

- School of Medicine Alumni and MCG Foundation Joint Development Committee meeting, 8:15 a.m., MCG Alumni Center, 919 15th Street
- Alumni Association of the School of Medicine board meeting, 9:30 a.m., MCG Alumni Center, 919 15th Street
- Medical school class reunions for the classes of 1939, 1944, 1949, 1954, 1959, 1964, 1969, 1974, 1979, 1984, 1989 and 1994 and a non-reunion dinner, all at 6 p.m. with social hour followed by dinner at 7 p.m., Radisson Riverfront Hotel, Two Tenth Street, $40 per person.

Sunday, April 25

- Memorial Service for School of Medicine alumni, 10:30 a.m., Old Medical College, 598 Telfair Street
- Emeritus Club luncheon and induction of the class of 1959, 11:30 a.m., Old Medical College, $20 per person

School of Nursing

Friday, April 23

- School of Nursing Alumni Association dinner, program and presentation of the Distinguished Alumnus Awards, 6:30 p.m. social hour followed by 7:15 p.m. dinner, Pinnacle Club, 699 Broad Street, $25 per person

Call the Alumni Office at 1-800-869-1113 to make your reservations.

Questionnaires En Route

MCG alumni will soon receive a questionnaire requesting updated information for MCG's alumni directory. Please return the completed questionnaire by the deadline to ensure your inclusion in the directory. After compiling the information, the directory's publisher, Bernard C. Harris Publishing Company, Inc., will contact you to verify the accuracy of the information. Thank you for your participation.

Class Notes

School of Allied Health Sciences

Celeste A. Novallo Mooney (Radiologic Sciences, '91), Whitmore Lake, Mich., earned her M.B.A. from Miami University in Oxford, Ohio.

David S. Neal (Health Information Technology, '97), administrator of Pulmonary Disease Specialists, P.A., in Orlando, Fla., married Ashlie R. Holland of Savannah, Ga., Feb. 6, 1999 in Savannah.

School of Dentistry

Dr. Larry W.A. Townsend ('75) retired from the U.S. Army as Colonel Sept. 30, 1997, with a Legion of Merit. He retired from his active practice of dentistry, a field that "was very good to me." He has been a full-time student at Concordia Lutheran Theological Seminary since September 1997 and anticipates graduating in 2001.

School of Graduate Studies

Candace Waters (M.S.N., '77), Beech Island, S.C., passed her certified diabetes educator re-certification exam and is a family nurse practitioner practicing primary care at University Medical Center in Allendale, S.C. She and her husband, Darren Waters, M.P.H., R.N., is director of nursing at Trinity Lutheran Home in Aiken, S.C.

School of Medicine

Dr. Speedy Meaders ('41), served on the Kennestone Hospital medical staff in Marietta, Ga., from 1952 to 1979 and delivered more than 8,500 babies before his retirement. The labor, delivery and recovery floor of the hospital's new Henderson Women's Center is named in his honor.

Dr. Phil C. Astin Jr. ('50) retired Jan. 1, 1999 after serving as a general practitioner and family practitioner in Carrollton, Ga., for 45 years. He has three sons who are physicians (one an MCG alumnus) and has been married to wife Frances Wilkes Astin for 52 years. Their health is good. During his career, Dr. Astin delivered more than 1,000 babies. "I did not lose a mother and I had a Caesarean section rate of 1 and a half percent," he said. He was chairman of the Public Health Department for 24 years.

Dr. Fredric M. Simowitz ('62), St. Charles, Mo., has a private neurology practice in suburban St. Louis, Mo., and was recently appointed chief of neurology at DePaul Health Center. He is a clinical professor of neurology at St. Louis University School of Medicine.

Dr. William E. Silver ('63), Atlanta, recently returned from Ensenada, Mexico as a volunteer with Thousand Smiles Foundation. The foundation, organized by a group of physicians in 1984, sends physicians to Mexico four times a year, primarily to treat congenital facial deformities of children. Mexican parents and orphanage directors arrive with children throughout central Mexico, enduring long bus rides or walks to obtain treatment for the children. The team brings everything required for treatment. Dr. Silver, a board-certified facial plastic surgeon and president of Premier Image Cosmetic and Laser Surgery in Dunwoody, also volunteers for the Atlanta Women's Fund's Face to Face program, helping women who suffer from domestic abuse.

Dr. Raymond P. Warrell Jr. ('75) graduated in August 1998 from the Columbia University Graduate School of Business with an M.B.A. degree. He founded and is chairman of Relgen LLC, a biopharmaceutical holding company. He remains an attending physician and member of Memorial Sloan-Kettering Cancer Center in New York and professor of medicine at Cornell University Medical College.

Dr. Arthur C. Fleischer ('76), Nashville, Tenn., received the Larry

Mark Research Award from the Society of Radiologists in Ultrasound. The award was presented during the society's meeting, "Quantified Tumor Vascularity and Flow with 3D Color Doppler Sonography," held in San Diego, Calif., Oct. 16, 1998. Dr. Fleischer practices radiology at Vanderbilt University Medical Center.

Dr. Linda Blackwell Dolan ('92), Cedartown, Ga., practices family medicine and completed her residency at Floyd Medical Center in Rome, Ga. She married Larry J. Dolan Oct. 18, 1997.

Dr. Ann L. Contrucci ('93), Acworth, Ga., and her husband, Todd, announce the birth of their twins, Julianna Kate and William Todd, born Sept. 3, 1998. Dr. Contrucci practices general pediatrics in the metro Atlanta area.

Dr. Danny Miller ('94) was featured Oct. 27 on *Trauma: Life in the ER,* a program about trauma physicians on TLC, the Learning Channel. During the taping, Dr. Miller was a fourth-year resident at University Medical Center in Jacksonville, Fla.

Dr. Henry A. Pridgen III ('94), Middletown, Pa., is a faculty anesthesiologist at Penn State Geisinger Health System/Milton S. Hershey Medical Center.

Drs. Brian and Toni Czito ('96), Boston, are in their third year of residency in radiation oncology and emergency medicine respectively. They proudly announce the birth of their daughter, Abigail Camilla, on Jan. 30, 1997, and their son, Gage Brian, on July 14, 1998.

Dr. William S. Belmont, who completed an MCG ophthalmology residency at MCG in 1967, spent a week recently performing volunteer eye surgery in poverty-ridden Ceara and Maranhao, Brazil. This was the first South American mission of Volunteer Eye Surgeons, founded in 1986 by Dr. Yale Solomon to cure the needlessly blind in the developing world. The program also sponsors missions in Vietnam, Bangladesh, Indonesia, Nepal and Africa. Dr. Belmont is a member of Sarasota Ophthalmology Associates in Sarasota, Fla.

Obituaries

Dr. Carl Kenneth Pearlman, who completed a urology residency at MCG, died Oct. 18. Dr. Pearlman was born Aug. 18, 1908 in Brooklyn, N.Y., and earned his medical degree from Dalhousie University Medical School in Halifax, Nova Scotia, Canada, where he received the Doctor Hattie Prize for the highest standing in medicine at graduation. During his career, he was clinical professor of urology at the University of California, Irvine, Medical School and chief of staff of Santa Ana Community Hospital (now Western Medical Center) and the former Orange County General Hospital. In 1984, he was named Physician of the Year by the Orange County Medical Association. Survivors include his widow, Agnes B. Pearlman, and their two children and four grandchildren.

School of Nursing

Amy L. Smith ('94), Charlotte, N.C., received her M.S.N. (CRNA) after completing Carolinas HealthCare System's nurse anesthesia program through the University of North Carolina at Charlotte. She is a nurse anesthetist at Carolinas Medical Center in Charlotte.

Navy Lt. j.g. **Deborah K. Deeder** (B.S.N., '95) recently received the Navy and Marine Corps Achievement Medal. She was recognized for outstanding achievement while serving as training officer at Navy and Marine Corps Reserve Center in Augusta.

Navy Chief Petty Officer **William S. Perkins** (B.S.N.) recently received the Navy and Marine Corps Achievement Medal. He was recognized for outstanding achievement while serving as an advanced lab technician at Navy and Marine Corps Reserve Center in Augusta.

Deadline for submitting information for publication in the fall issue of AlumNews is April 23, 1999.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso; FI-1042; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

Occupational therapy student Linda Turley (left) practices helping a wheelchair-bound patient into a tub with fellow student Lauren Mitchell.

Occupational Therapy Maximizes Quality of Life

Christine Hurley Deriso

Heather Hill recalls the moment that she realized how she wanted to spend her life.

She was volunteering in a rehabilitation center and saw an occupational therapist gleefully blowing bubbles with a young patient. The child was having a ball; only the occupational therapist knew that the patient was also improving her manual dexterity and eye-hand coordination. Heather was intrigued by the concept of helping someone improve the skills needed to live each day to the fullest—particularly if the patient is a little girl who thinks she's just having fun.

"I thought, 'This is it. This is what I want to do,'" said Heather, a junior in the Medical College of Georgia Department of Occupational Therapy.

Dr. Kathy Bradley was hooked, too—albeit a few years earlier than Heather. "Occupational therapy has been very good to me," said Dr. Bradley, chairman of the MCG Department of Occupational Therapy. "This is a very exciting, rewarding field. Being able to help someone to regain independence or adapt to a permanent disability with dignity—I don't think you can measure how satisfying that is."

Occupational therapists are part of a team, including physical therapists and speech therapists, that helps patients adapt to or overcome physical and emotional limitations caused by illness or injury. "The focus of occupational therapy is on the functional outcome," Dr. Bradley said. "We collaborate with the individual to determine what skills are needed to perform everyday activities. Is the patient a mother? A caregiver? A career person? Their individual lifestyles are our guide to returning them to their highest levels of independence."

Occupational therapists may work in hospitals, clinics, rehabilitation centers—even corporations. "The practice setting is very diverse," said Dr. Bradley. "If an occupational therapist changes a practice setting, it can be almost like changing careers, because the challenges are so varied. Even though there is variety, there is a core of knowledge OTs possess which enables them to work in all of these settings."

The patient population is just as diverse. For instance, an occupational therapist might work with a child with cerebral palsy, a young adult overcoming a debilitating

automobile accident or an elderly person recovering from a stroke.

MCG's bachelor's-degree program accepts 54 students a year, including 10 on its Columbus State University campus. The students complete their first two years of college at an accredited college or university, then transfer to MCG as a junior. The program takes two years to complete.

"The faculty is very student-centered," said Heather. "They're really concerned about us getting the best education, and the classes are small, so there's a lot of individual attention."

MCG's program looks for students who are caring, people-oriented and highly motivated. "Occupational therapists have a problem-solving approach to challenges," Dr. Bradley said.

Patience is also vital, Heather said, "because occupational therapists don't always see results immediately. You have to have the patience to hang in there and establish a rapport with the patient so he will be motivated to get better." Indeed, the close relationship formed with patients is one of the most satisfying aspects of the career, Dr. Bradley said.

For more information about MCG's occupational therapy program, contact the department at (706) 721-3641 or the MCG Office of Academic Admissions at (706) 721-2725.

ECMO Staff Refines Treatment

Christine Hurley Deriso

Medical College of Georgia health care professionals have refined a means of treating babies whose lungs cannot do their job.

MCG Children's Medical Center was the first health care center in the Southeast to offer extracorporeal membrane oxygenation, a machine that oxygenates blood for those whose lungs, because of injury or disease, are temporarily unable to perform the life-sustaining task. ECMO allows the lungs to recover while ensuring that the body is adequately oxygenated. Those who need ECMO have an 80 percent chance of death without it; those who receive it have a 90 percent survival rate.

As successful as the technology is, MCG respiratory therapist Brian Meister thought it could be improved. ECMO carries blood through several stages, modifying it in different ways at each stage. For instance, at one stage, the blood is oxygenated; at another, it is heated. At still another, blood products are added or adjusted. Medications, such as blood-thinning drugs, can also be added to the blood during ECMO. But at which stage?

ECMO clinicians have traditionally been instructed to add medications after the blood has passed through a pouch in the machine called a bladder. Otherwise, it was feared that the medication would pool in the bladder and fail to complete the journey through the rest of the machine, then back into the patient's body.

Mr. Meister, an MCG neonatal transport clinician, says this standard initially made sense. And it is inconsequential to add most medications later in the ECMO cycle. But adding blood-thinning medication later in the cycle can have consequences, potentially hindering the blood's clotting ability. But it was a necessary risk when ECMO first became available in the 1980s.

But since then, ECMO has been modified by the addition of a blood filter that adds turbulence to the machine's bladder. Mr. Meister theorized that the turbulence would prevent medication from pooling in the bladder. Therefore, blood-thinning medication could be added at the beginning of the ECMO cycle, precluding possible clotting problems.

He and Barbara Asmann, manager of Neonatal Intensive Care Unit specialized services, tested the theory by infusing medications at six different points in the cycle, then checking and comparing the levels of medication. "We showed that the [levels of medication] were about the same two minutes after the cycle started and 30 minutes after the cycle started," he said. The medication obviously was not pooling in the bladder when added before that cycle, so there was no reason to delay adding it to the blood. "The study enabled us to change how the medication is administered," Mr. Meister said.

Mr. Hamel Receives P.T. Scholarship

Christine Hurley Deriso

Scott M. Hamel, a physical therapy student at the Medical College of Georgia, has received the American Physical Therapy Association Mary McMillan Scholarship.

Mr. Hamel, from Rutledge, Ga., is a member of the Physical Therapy Association of Georgia and is president of the association's Student Special Interest Group. He earned his bachelor's degree from the Georgia Institute of Technology and plans to receive his master's degree from MCG in December.

The scholarship recognizes physical therapy and physical therapy assistant students with superior scholastic ability and potential for future contribution to the profession. The award honors Mary McMillan, the founding president of the American Physical Therapy Association, who died in 1959.

The American Physical Therapy Association is a national professional organization representing more than 75,000 members.

Physical Therapy Student Awarded

Heena S. Patel, a student in the Medical College of Georgia Department of Physical Therapy, has received a

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scholarship for academic excellence.

The Minority Scholarship Award for Academic Excellence, established in 1988, is awarded by the American Physical Therapy Association and the association's Physical Therapy Fund. The award recognizes academic excellence, demonstrated concern for minority issues and the potential for superior professional achievements.

Ms. Patel, who earned her bachelor's degree from the University of Georgia, is one of six co-founders of The Indian Cultural Exchange Club at UGA. She is a member of the American Physical Therapy Association and the Physical Therapy Association of Georgia.

Award recipients are selected by the Physical Therapy Fund Board of Directors upon the recommendation of the American Physical Therapy Association Advisory Panel on Minority Affairs.

Physician Assistant Department Presents Awards

Christine Hurley Deriso

The Medical College of Georgia Department of Physician Assistant has presented its 1998 Student of the Year Award to Janice M. Gamble and its 1998 Faculty Achievement Award to Sara Haddow.

Ms. Gamble worked as a veterinary assistant, pharmacy technician and phlebotomist/lab assistant before pursuing a physician assistant degree. She will graduate in 1999. "Jan has exhibited tireless energy and devotion this past year toward achieving her goals," said Dr. Bonnie Dadig, chairman of the Department of Physician Assistant. "She has demonstrated outstanding academic achievement and has been a model example of the ideals of the PA profession."

Ms. Haddow, an MCG clinical instructor and transplant coordinator, earned bachelor's and master's degrees in agriculture from the University of Georgia and a bachelor's degree from MCG's Physician Assistant Program. She is nationally certified as a physician assistant and has advanced life support certification. "She is a delightful person who is always cheerful and most helpful ... and is a wonderful mentor, aide and teacher for the PA students at MCG," said Dr. Dadig.

20 Named to *Who's Who*

Twenty students in the Medical College of Georgia School of Allied Health Sciences are included in the 1998 edition of *Who's Who Among Students in American Universities and Colleges*.

Inclusion in the annual directory is based on academic achievement, community service, leadership in extracurricular activities and potential for continued success. Students are nominated by campus nominating committees from more than 1,800 institutions of higher learning worldwide.

The students are Betsy M. Bladree, Department of Medical Technology; Betsy E. Barden, Department of Associated Dental Sciences; Linda Bolt, Department of Occupational Therapy; Brian Buxton, Department of Physician Assistant; Donna Coomes, Department of Health Information Management; Bruce Cox, Department of Physician Assistant; Yvonne Ginette Erb, Department of Radiologic Sciences; Heather L. Forrister, Department of Associated Dental Sciences; Christine Holland, Department of Occupational Therapy; Laurinda J. Kraft, Department of Radiologic Sciences; Heidi M. Lee, Department of Associated Dental Sciences; Myron A. Lewandowski, Department of Radiologic Sciences; Christina L. McGee, Department of Respiratory Therapy; Leanne Partridge, Department of Occupational Therapy; Neeta Patel, Department of Medical Technology; Jay Pottinger, Department of Physician Assistant; Linda Rhodes, Department of Occupational Therapy; Erika J. Sanders, Department of Respiratory Therapy; Welben A. Sherfield, Department of Health Information Management; and Sonia Walia, Department of Respiratory Therapy.

Technology to Revolutionize Dental Offices

Christine Hurley Deriso

Ask dentists why they've chosen their field, and they're unlikely to wax poetic about their love of paperwork.

Yet any dentist knows that paperwork—and the other nuts-and-bolts aspects of running a business—constitute a large chunk of the workload. Compiling patient histories, filing insurance forms, writing patient notes, maintaining personnel files and countless other details are required to keep a dental office running smoothly.

"Dentists are known to say, 'I wish there was no business side to dentistry; I'd just like to be a dentist,'" said Dr. Arun Nayyar, associate professor in the Medical College of Georgia Department of Oral Rehabilitation. "Dentists should do what they're good at: treating patients."

With today's technology, that goal is largely achievable—and Dr. Nayyar wants to make sure the good news filters down to dentists so they can take full advantage of it.

"We are starting to see dental offices designed around computer technology," said Dr. Nayyar, who has lectured worldwide about the dental office of the future.

Dentists needn't be computer wonks to use the technology, most of which is already available, Dr. Nayyar said. They simply must be willing to alter their idea of what a dental office should look like. "Dentists have to have the vision to create a functional environment," said Dr. Nayyar.

The payoff, he said, will be considerable. A technologically modern dental office should enhance patient care, improve efficiency and reduce costs.

Ideally, the dental office of the future should be designed from the ground up, he said. For instance, treatment rooms should be larger than most existing ones to accommodate one or more computers. And reception areas, where often several staff people work, can be smaller as computers begin to assume much of that workload. But existing offices can be adapted as well.

"We foresee computers moving from the front desk to the [patient's] chair side," Dr. Nayyar said. "Dentists can put their notes directly on the computer and can file insurance claims right there. Dental charts will become more visual; computers can add much more detail. The dental assistant can create a comprehensive database right there at the patient's side. A health history, personal history, clinical history, digitally noted schematic (computer-generated illustration of the teeth) and treatment plan are all right there. The computer can also set up appointments. The functions of the front desk are reduced, so costs are reduced."

Such comprehensive records inevitably enhance patient care, he noted. He also envisions patients filling out their health histories from home, then e-mailing the information to the dentist. "It creates a much more comprehensive health history because patients aren't rushed," he said.

And technology such as lasers and air abrasion drills will help ensure that a visit to the dentist is less of a pain than ever.

Flat computer monitors, wireless keyboards and wireless intraoral cameras are all available to ensure that high-tech equipment isn't excessively space-consuming or disruptive. "And costs have come down precipitously, so it's now feasible," Dr. Nayyar said. "Even a laptop will do the job."

As the technology grows, computers hold growing potential. For instance, "we foresee having individual caller identification," Dr. Nayyar said. "As the phone rings, a computer knows which patient is calling and automatically brings up that chart." He also envisions electronic patient charts that can be zapped to any dentist in the country, and computer-generated X-rays that appear immediately on computer

screens without the need for film. Such X-rays also will reduce radiation exposure.

Dr. Nayyar stressed that the technology should only be a tool for dentists—not a whole new field to master. "Computer use should be a delegated activity," he said. "Dentists aren't effective until they're treating patients."

He also is excited about technology's potential in the academic setting. "I see an explosion of information for the academic world," he said. "Dentists can teach or consult at a distance. A computer library for dental students will create a database the likes of which we've never seen before. And it's already happening. Seven years ago, [the MCG School of Dentistry] didn't have a single computer in the building. Now, we have 242."

Dr. Nayyar stressed that his expertise lies not in the technology, but in its application in a dental office—expertise he hopes many of his colleagues will cultivate. "These things will make it a little easier to be a dentist, I hope," he said.

Music a Family Affair for the Riveras

Christine Hurley Deriso

Dr. Warren C. Rivera-Morales left a lot behind when he moved from Puerto Rico to Augusta—his extended family, his culture, his homeland's exquisite climate and scenery...and for a long while, he thought he had left Puerto Rico's music behind as well.

Dr. Rivera, associate professor in the Medical College of Georgia Department of Oral Rehabilitation, is a natural musician who has played string instruments and keyboards since childhood. He played in a band in high school, specializing in lively, rhythmic salsa and bolero music.

But as much as he loved it, he always considered music a hobby, nothing more. After high school, he concentrated almost exclusively on his education. He missed music intensely—particularly after coming to Augusta 10 years ago and having such limited exposure to the Latin style he grew up with. But his priorities were his growing family and his MCG career.

He soon discovered, however, that he could combine music with family time. His wife, Carmencita, plays the melodica and percussion instruments, and daughter Mari Carmen plays violin, cello, clarinet and piano. The three started performing together about five years ago for the Spanish Mass of Our Lady of Peace Catholic Church in North Augusta. Dr. Soraya Calle, who is completing her fellowship in molecular biology at MCG, joined them as lead singer, and soon the group developed an impressive repertoire. They were so well-received at church that they gave themselves a name—Caribbean Sound—and began performing around town. The group now performs for community functions such as the annual Arts in the Heart of Augusta festival.

It's a thrill, Dr. Rivera said, to perform again, particularly for an audience who may never have been exposed to Latin music otherwise. "We play mostly Puerto Rican music, plus Cuban, South American and a little Mexican. I like the romantic bolero style and salsa. It's music to dance to."

The band writes some original music and practices about twice before a performance. "We don't want to get too busy with it," Dr. Rivera said. "Our jobs are very demanding and we have small children. But I work with music pretty much every day."

He has computer software enabling him to record several of his parts, supplementing the live performances with the recorded parts. The computer can also transform the sound of his instruments. "All you do is play the notes and tell the computer, 'I want it to sound like a trumpet or trombone.' When we perform, we sound like a big band, but there are only four of us," he said.

Daughter Mari Carmen, age 15, is a natural performer. "I'm very proud of her. She's an excellent musician and has a good ear," Dr. Rivera said. "She performs a lot at school, so playing with the band is easy for her. My younger two daughters, Mari Pili and Mari Chari, are musical, too. They aren't in Caribbean Sound yet, but they will be in time."

Performing with his family, he said, is a sublime treat. "It's a family activity. That's such a nice feeling. I feel so proud that we all do it together."

Drs. Sisk, Hanes Named Chairmen

Christine Hurley Deriso

The Medical College of Georgia School of Dentistry has named new chairmen for two departments.

Dr. Allen Sisk has been named chairman of the Department of Oral and Maxillofacial Surgery and chief of Hospital Dental Services. Dr. Sisk joined the faculty in 1981. He is a diplomate of the American Board of Oral and Maxillofacial Surgeons and a fellow of the American Association of Oral and Maxillofacial Surgeons. Dr. Sisk was named the MCG School of Dentistry's Outstanding Faculty Member in 1989-90.

Dr. Philip J. Hanes has been named chairman of the Department of Periodontics. Dr. Hanes joined the MCG faculty in 1986 as assistant professor in the department. He was named associate professor in 1989 and professor in the Schools of Dentistry and Graduate Studies in 1996. He served as director of the School of Dentistry's Advanced Education Program in Periodontics from 1991 to 1998. Dr. Hanes is a diplomate of the American Board of Periodontology and a fellow of the American College of Dentists. He received the MCG School of Dentistry's 1993 Teaching Excellence Award.

Dr. Ganapathy Named Regents Professor

Toni Baker

Dr. Vadivel Ganapathy, professor in the Medical College of Georgia Departments of Biochemistry and Molecular Biology, Physiology and Endocrinology and Obstetrics and Gynecology, has been named a Regents Professor by the University System of Georgia Board of Regents.

The Regents professorship recognizes innovation and distinction in health care delivery, education and research.

Dr. Ganapathy earned his doctorate in biochemistry from Madras University in India in 1978 then completed postdoctoral training at Hyderabad University in India, the University of Georgia and MCG before joining the faculty in 1982. He has served as director of the MCG Perinatal Research Laboratory since 1997.

He is a member of the Human Embryology and Development Study Section of the National Institutes of Health and an editorial board member of the journal *Placenta*. He is an editorial reviewer for the *American Journal of Physiology, Metabolism, Pediatric Research, Journal of Receptor Research, Biochimica et Biophysica Acta, Placenta, Biochemistry, Journal of Biological Chemistry, Journal of Physiology* and the *American Journal of Obstetrics and Gynecology.*

He received the August Roesel Memorial Award for an

Dr. Vadivel Ganapathy

MCG faculty advisor for graduate student research in 1994 and 1995. In 1995, he also received the distinguished research award from the MCG School of Graduate Studies and the distinguished faculty award for basic science research from the MCG School of Medicine Faculty Senate. He has been honored as an outstanding teacher by freshman medical students in 1996, 1997 and 1998.

A primary research focus of Dr. Ganapathy is the human placenta, an organ that transports nutrients from a mother to her fetus and eliminates waste products. In his work, funded by the National Institutes of Health, Dr. Ganapathy has found that when a pregnant woman takes illegal drugs, such as cocaine and amphetamines, her developing baby also is a direct target because two of the pathways for delivering the drugs to the mother's brain also exist in the placenta. He also has identified the pathway of folic acid from mother to fetus. Folic acid is crucial in early embryonic development; insufficient levels can lead to improper formation of the neural tubes, which comprise the spinal cord, and conditions such as spina bifida and anencephaly, or inadequate brain development.

Research Probes Nitric Oxide's Role in Sodium Absorption

Christine Hurley Deriso

A Medical College of Georgia vascular biologist is probing nitric oxide's role in prodding the body to eliminate excess salt.

Dr. Jennifer Pollock, associate professor in the MCG Department of Pharmacology/Toxicology and the MCG Vascular Biology Center, is studying a genetically altered mouse model to better understand hypertension, or high blood pressure, which can result when the body fails to rid itself of extra salt. She is trying to determine how nitric oxide, a gas recently discovered to be vital to virtually every cellular process, regulates the body's sodium absorption.

"When you have an increased salt load—for instance, after eating a bunch of potato chips—we're trying to figure out how the body maintains a normal blood pressure to get rid of the excess salt," she said. Those who can't metabolize salt efficiently are at risk of hypertension, or high blood pressure, a leading risk factor for cardiovascular disease.

Nitric oxide relaxes endothelial cells, those lining the blood vessels. If too little nitric oxide is released for this

relaxation function, hypertension can result. If too much is released, shock and other consequences of dangerously low blood pressure can result. Dr. Pollock and other Vascular Biology Center researchers studying nitric oxide hope a better understanding of this mechanism can lead to new treatments for diseases related to blood pressure.

"Determining the role of nitric oxide in every [cellular process] is our big quest," Dr. Pollock said. "You're hard-pressed to find a cell that doesn't make nitric oxide, and it appears that its function is always critical."

It was only in 1987 that nitric oxide, long recognized as an atmospheric gas, also was discovered to be a vital molecule in the body. Dr. Pollock began studying the field in its infancy with Dr. Ferid Murad, one of three 1998 Nobel Laureates in Medicine honored for their groundbreaking nitric oxide research. Dr. Pollock worked from 1989 to 1992 at Abbott Laboratories in Chicago, where Dr. Murad was vice president for research and development.

"Once it was discovered that the endothelium was important for causing smooth muscles to relax, Dr. Murad found that nitroglycerine-like compounds release nitric oxide, causing the relaxation," Dr. Pollock said. "I knew I was in on something on the ground floor, which is very exciting for a scientist."

At that time, she said, "very few papers were published in the field. But very soon after our research started, the field exploded. We now realize that nitric oxide is involved in practically every bodily process in some way. That's what's so exciting about it."

Dr. Murad was a guest speaker at a September meeting of the American Physiological Society, held in Augusta and hosted by MCG's Vascular Biology Center.

Ms. Meloan Named Histotechnologist of the Year

Christine Hurley Deriso

Susan Meloan, chief histotechnologist for the Medical College of Georgia Department of Pathology, has been named Histotechnologist of the Year by the National Society for Histotechnology.

Histotechnologists facilitate microscopic tissue structure analysis.

Ms. Meloan joined MCG in 1964 as an assistant to Dr. Holde Puchtler, a pathology professor and histochemist. While training under Dr. Puchtler, she earned a bachelor's degree from Augusta College (now Augusta State University) and became a certified histotechnologist. In 1988, she was named to her current position where she supervises seven histotechnologists and assists Dr. A. Bleakley Chandler, chairman of the Department of Pathology.

"Susan, I dare say, would be among the most accomplished, knowledgeable and able histotechnologists in the country," wrote Dr. R.N. Rao, chief of the Section of Anatomic Pathology, in supporting Ms. Meloan's nomination the award. "[She is a] kind and effective supervisor. The word 'no' is not in her lexicon. She accommodates all requests from pathologists and goes out of her way to help those she supervises not only in their work but also in personal matters when she feels she can help."

Ms. Meloan is the safety officer for the Section of Anatomic Pathology and helps prepare histotechnicians for the field's certifying examination. She received the 1985 Miles Scientific Golden Forceps Award for significant contributions to the *Journal of Histotechnology* and is president of the Georgia Society of Histotechnology. The society named Ms. Meloan Georgia's 1992 Histotechnologist of the Year.

Dr. Trueblood Receives Medical Physics Award

Toni Baker

Dr. Jon H. Trueblood, professor and chief of Medical Physics and director of Research and Multimedia Educational Materials Development for the Medical College of Georgia Department of Radiology, has received the Achievement in Medical Physics Award from the American Association of Physicists in Medicine.

Dr. Trueblood is one of three people to receive the association's 1998 award for lifetime career achievements that have significantly impacted medical physics. He has been a member of the association for 27 years and has served in more than 50 positions within medical physics organizations.

He has served as chairman of the American Association of Physicists in Medicine Education Council, president of the association's Southeast Chapter and chairman of the Continuing Education Committee. He is a review referee for the AAPM *Journal of Medical Physics,* an advisor for the Education Council and co-director and lecturer for the AAPM Diagnostic Physics Review Course and Therapy Physics Review Course. He has conducted more than 40 courses and symposia at national and regional meetings.

Dr. Trueblood is vice chairman of the Commission on Accreditation of Medical Physics Education Programs and a member of the commission's Committees on Medical Physics Continuing Education Credit and Medical Physics Residencies. He is a counselor-at-large for the American College of Radiology, chairman of the college's Committee on Education of the Commission on Medical Physics, a member of the Committee on Standards and Accreditation of the Commission on Nuclear Medicine and a member of the Commission on Continuing Medical Education. He is an exam writer for the American Board of Radiology.

Dr. Trueblood joined the MCG faculty in1971 after completing his doctorate in nuclear physics at the University of South Carolina. He also is an adjunct professor in the Department of Nuclear Engineering and Health Physics at the Georgia Institute of Technology.

Device Aids Children With Heart Defect

Toni Baker

Small children born with a large, persistent hole between the two primary vessels that carry blood out of their heart may avoid major surgery by having that hole closed with a device made of a malleable metal with a memory for shape.

The Medical College of Georgia Children's Medical Center is one of five centers in the country involved in clinical trials of the Amplatz ductus occluder device that can plug large holes in babies weighing as little as 11 pounds—babies who previously required surgical repair, said Dr. Zahid Amin, interventional pediatric cardiologist.

Doctors can introduce a catheter containing this mushroom-shaped device into the child's venous system, which is typically larger and more distensible than the arterial system. They advance the catheter up through the pulmonary artery and across the hole—called a ductus arteriosis—into the aorta, Dr. Amin said. They then push the device out of the catheter where it resumes its mushroom-like shape and plugs the hole causing an unhealthy mixing of oxygen-rich and oxygen-poor blood and high and low pressures.

Circulating cells quickly move into the site, and within three to six months, the device is integrated into the heart muscle, detectable only on X-ray, Dr. Amin said. The

Dr. Zahid Amin

procedure is performed in the pediatric cardiac catheterization laboratory, does not require general anesthesia and the child typically can go home in less than 24 hours with only needle marks at the groin where the catheter is inserted, he said.

Every fetus has a ductus arteriosis, which is harmless in utero, where the placenta oxygenates the blood. Typically the hole closes in the first few days after birth. But a small percentage of children have large holes which persist and can even get larger, damaging the heart and lungs and becoming a breeding ground for bacterial infection, Dr. Amin said. When doctors listen to the hearts of these children, they hear a continuous murmur created by the flow of blood from the high-pressure aorta to the low-pressure pulmonary artery.

Treatment options, particularly for closing large holes in small babies, have been limited, usually requiring a surgical repair through an incision in the rib cage. The Amplatz occluder is the first such device for large holes in babies weighing as little as 5 kilograms, he said. And, it comes in a variety of sizes to fit a child's specific needs.

About 25 children in the country's five study sites will get the new treatment as part of the first phase of study required by the U.S. Food and Drug Administration; the next step will be to expand the number of sites and patients, said Dr. Kurt Amplatz, cardiovascular radiologist at the University of Minnesota and designer of the new device which already has been used extensively in Europe.

Dr. Amplatz's occluder device is made of nitinol, a mixture of nickel and titanium which was developed—but never used—by the U.S. Navy for submarines. He invented a similar device to close a defect between the two upper chambers of the heart, called an atrial septal defect; FDA-approval is pending on that device and Dr. Amin expects to be using it at the CMC by the spring. The CMC pediatric cardiologist worked with Dr. Amplatz on animal studies of a third device for

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closing the more complicated of the ventricular septal defects, a hole between the pumping chambers of the heart. In early 1999, the MCG Children's Medical Center also will be a study site for this device, which has more of a barbell shape, Dr. Amplatz said.

Since Dr. Amin came to the MCG Children's Medical Center in July, he also has used a small, coil-shaped device that works much like the Amplatz ductus occluder to help nine babies born with smaller holes avoid surgery. These coils are FDA-approved but have limited use in larger holes, Dr. Amin said.

About 8 out of every 1,000 babies born have a heart defect, and 10 percent to 12 percent of those children have a ductus arteriosis that remains open and needs intervention.

Dr. McGinnis Receives Distinguished Service Award

Deborah Steele

Dr. LaMar S. McGinnis Jr. ('54) has received the highest award presented by the American College of Surgeons.

The Distinguished Service Award was presented to Dr. McGinnis during the recent annual meeting of fellows of the college. Dr. McGinnis is a clinical professor of surgery at Emory University School of Medicine in Atlanta and medical director of the Eberhart Cancer Center at DeKalb Medical Center in Decatur.

Dr. McGinnis, a fellow of the college, has served as a member of its Board of Governors and chaired several Boards of Governor Committees including the Chapter Activities Committee, the Committee on Surgical Practice in Hospitals and its subcommittee on AIDS and the Nominating Committee.

At the state level, he has served as president and secretary of the Board of Directors of the Georgia State Chapter. Dr. McGinnis also has served as a member of the American College of Surgeons Commission on Cancer since 1980 where he has held various positions, including chairman of the Committee on Cancer Liaison and the Executive Committee.

In presenting the Distinguished Service Award, the Board of Regents commended Dr. McGinnis for his contributions to cancer treatment and research, his service to the American College of Surgeons Commission on Cancer, his contributions to the college and his service to organized surgery at the state level.

Procedure Targets Parkinson's

Toni Baker

Electrical stimulation of a motor control area in the brain is helping people with Parkinson's disease and essential tremors regain control of their movement, according to doctors at the Medical College of Georgia.

Deep brain stimulation gives patients a treatment option that—unlike surgeries such as thalamotomy and pallidotomy which destroy target sites in the brain—is not permanent, so potential side effects can be better controlled, said Dr. Joseph Smith, MCG neurosurgeon specializing in stereotactic and functional surgery.

This treatment uses high-frequency stimulation to inhibit overactive areas of the brain involved in movement. This gives patients the option of turning off the stimulation when it isn't needed.

This treatment should prove viable for many who would benefit from thalamotomy and pallidotomy, Dr. Smith said. This includes patients whose movements cannot be controlled by medication and those who begin experiencing side effects as their condition progresses and more medication is required.

Nursing Project Targets Those Raising Grandchildren

Christine Hurley Deriso

The Medical College of Georgia School of Nursing is throwing an emotional lifeline to grandparents who unwittingly find themselves back in the business of child-rearing.

Dr. Barbara Woodring, associate professor and chairman of the Department of Parent-Child Nursing, has identified 25 families in Richmond and Columbia Counties in which children are being raised by grandparents. The program, funded by the Georgia Department of Human Resources, sends an MCG nurse practitioner student and a social worker into the families' homes monthly. At the first visit in January, grandparents filled out several questionnaires assessing their physical health, emotional health, support structure and other information assessing their challenges in raising their grandchildren. The grandparents also received a physical examination; those with health problems will be referred to physicians.

"We're trying to maintain the integrity of intergenerational families," Dr. Woodring said. "By offering help to these grandparents, we hope to keep the children out of the formal foster care system. This is really the first program in Augusta that supports intergenerational families in this manner."

Indeed, communities may not even be aware of the large number of children being raised by grandparents. "Often, children left with grandparents are left quickly and without the proper legal supports," Dr. Woodring said. Therefore, the available community resources may never find their way to many of those who need them.

Dr. Barbara Woodring

The nursing students and social workers help match the grandparents in the program with available legal, educational and health care resources. They also offer classes covering topics such as nutrition, violence, drugs and teen-age sex. A support group enables the grandparents to ventilate their frustrations and share useful information. "The support group brings them together to discuss the problems of raising children at their age," Dr. Woodring said. "A lot of 60-year-old grandparents thought their parenting days were over."

She anticipates that the participants will find much common ground, regardless of race, gender or socioeconomic status. "Hopefully, they'll learn from one another which parenting techniques are most effective in the '90s," she said.

She and her colleagues also work with schools to reach out to the children, matching them with resources such as tutoring or counseling as needed. "We do know that children not raised by parents are at higher risk for some behavioral problems," Dr. Woodring said.

She hopes the program will prompt similar efforts in adjacent counties. "In this era, other family members aren't always available to help these grandparents," she said. "We feel we need to build in external support."

Nurse Reaches Out to Rape Victims

Christine Hurley Deriso

One of Dr. Debbie Hatmaker's primary motivations in becoming a nurse was to help guide people through some of the most challenging times in their lives.

Now, she's found the perfect way to combine her health care expertise with the empathy and compassion that drew her to the field in the first place. She is often one of the first caring faces encountered by victims of sexual assault in the Athens, Ga., area.

Dr. Hatmaker, assistant professor in the Medical College of Georgia Department of Parent-Child Nursing on the School of Nursing campus in Athens, joined the Athens-Clarke County Sexual Assault Nurse Examiners Program in 1996

after completing a program to prepare her to examine victims of sexual assault. "There's a lot of interest nationwide in having nurses perform sexual assault exams," said Dr. Hatmaker. "It's much better than having these patients waiting in emergency rooms after one of the most traumatic events in their lives."

Dr. Hatmaker, who earned her master's and Ph.D. degrees in nursing from MCG, is one of four nurses staffing "The Cottage," a renovated house in Athens for pediatric and adult examinations after a reported sexual assault. The non-profit, community-based program serves Athens-Clarke and Oconee County victims, averaging about 60 cases a year. Some victims come to the clinic immediately after an assault, accompanied by a police officer. Others, particularly children, come after evidence of chronic abuse comes to light.

Victims' emotions vary greatly when they visit The Cottage; Dr. Hatmaker and her colleagues are prepared for everything from stunned silence to rage and hysteria. "They are overwhelmed when they come in," she said. "Some victims cope by being very closed down. They don't want to talk about it and relive it. We also see the other extreme—those who want to talk about it constantly. But most are very cooperative. They know a physical examination is necessary to prosecute the person who assaulted them."

The examination consists of evidence collection (such as collecting sperm and photographing and drawing pictures of injuries), emergency contraception if needed and measures to prevent infection. Those with severe injuries may need to go to an emergency room, where nurses from The Cottage accompany them to collect forensic evidence. "During an examination, we go slowly and tell the patient what we'll be doing," Dr. Hatmaker said. "Sometimes, the interview, exam and initial counseling can last up to three hours. You let the victim take her time and deal with things as you go."

A rape crisis counselor is also present during the visit, preparing the victim for the emotional aftermath, which can include post-traumatic stress disorder, and offering follow-up counseling.

Assaults include those by strangers and acquaintances, said Dr. Hatmaker, noting that some dates end in violence. "I think date rapes are as traumatic [as assaults by strangers], but the emotions might differ," she said. "Victims of date rape may feel guilt for having misplaced their trust or for putting themselves in a risky situation."

Teens and young adults are at particular risk for misjudging the safety of a situation, Dr. Hatmaker said, particularly if their judgment is impaired by alcohol or other drugs. "We all know we're not supposed to walk alone at night, for instance, but many people think [rape] can't happen to them. They place themselves in risky situations and think they can handle it."

Of course, many attacks are totally unpreventable, she said, recalling a woman who was abducted from her front yard in broad daylight. And obviously, children have few means of protecting themselves, particularly since they usually know—and initially trust—their abusers. Pediatric patients at The Cottage are examined head to toe but can be referred to a pediatric obstetrician/gynecologist in the rare cases that warrant an internal genital exam. The staff is careful not to prod the children to discuss the abuse. "We don't want to introduce bias," Dr. Hatmaker said. "The number of people interviewing children about potential abuse should be minimized because children can come to believe the adults want to hear certain things."

On the other hand, the nurses carefully document evidence, as they do in every case, and note any behavior that might suggest sexual abuse. The nurses can be called to testify about any of the cases they become involved with. "Documentation is so important, particularly since court cases may not come up for one or two years after the assault," Dr. Hatmaker said.

Dr. Hatmaker, the mother of three, encourages parents to talk to their children about potential abuse—for instance, by teaching them the difference between good touch and bad touch. Children also should be encouraged to tell a trustworthy adult if they are made to feel uncomfortable.

Dr. Hatmaker, who recently was named president-elect of the Georgia Nurses Association, has developed an elective called Forensic Nursing Online to share her expertise with the next generation of nurses. The course will be available next year, and she was named one of three MCG faculty in 1998 to attend the University System of Georgia faculty Development Institute to tailor the course for the computer. The institute provided $9,390 in supportive funds. She also received a $2,300 University System of Georgia Teaching and Learning Grant to broaden her skills by spending time in a busy clinic for sexual assault victims in Memphis, Tenn., and she was named November's Grantee of the Month by the MCG School of Nursing.

Dr. Debbie Hatmaker

Internship Cements Nursing Student's Career Goal

Christine Hurley Deriso

The first day Mandy Peacock worked with pediatric cancer patients, the reality of her career aspiration hit her, she says, "like a slap in the face."

"It can be overwhelming at first, seeing children so sick," said Ms. Peacock, a School of Nursing senior who interned last summer at St. Jude's Children's Research Hospital in Memphis. "It seems so unfair, and they're so innocent."

But rather than being scared away from the field because of the experience, Ms. Peacock grew more confident than ever that she wants to devote her life to easing the burden of children with cancer.

"Because of research, there is now help for most of these children," she said. "That's so encouraging. The mission [of curing cancer] is an inspiration."

Ms. Peacock, who watched her grandfather die of cancer, has wanted to be a nurse for as long as she can remember. After completing an independent study last year with Dr. Patricia Lillis, associate professor of adult nursing, she decided on a career in oncology. The St. Jude's internship, a highly competitive educational experience, cemented her decision. "I got to participate in research and observe surgery, chemotherapy and other forms of patient care," she said.

Mandy Peacock

"Plus, I got to be with the children and play with them. I learned a lot that way."

She also interacted with interns in other health care fields, including medicine. "It was wonderful to work with people from different disciplines. We all had the same goal but different views, and we all came together."

She was spared none of the pain inherent in the field. "It was hard at times," she said. "I worked with one nurse who lost three patients in one week. A lot of people go into the field and find that it's more than the can handle. I turn to God for my strength. I know it will be hard, but I want to pursue it."

She also now knows firsthand how immensely rewarding the career is. "Pediatric oncology nurses get really close to patients and families. I can't even begin to explain how rewarding it is to have a child come up and hug me. I love to see their smiling faces and watch them get better."

As she completes her senior year, she's more motivated than ever. "Now that I know what I want, I have something to look forward to and a lot of enthusiasm to work hard. It was the most wonderful experience I've ever had."

MCG Offering 3 Programs in Columbus

Christine Hurley Deriso

The Medical College of Georgia will offer three health science degree programs on the Columbus State University campus this year.

The programs will be taught by MCG faculty both on site and from MCG's main Augusta campus via electronic technology that enables faculty and students to interact as if they were in the same room.

The School of Allied Health Sciences will offer bachelor's degrees in occupational therapy and radiologic sciences, with each program accepting approximately 10 students.

A prerequisite for the occupational therapy program is two years of undergraduate classes; the MCG program will represent the junior and senior years of undergraduate school. Only Georgia residents will be accepted into the program, which begins in mid-May, the beginning of MCG's summer semester.

"This program offers a very exciting opportunity to be at the leading edge of health care changes and to promote quality and cost-efficiency as we prepare graduates for service and patient advocacy in Georgia," said Dr. Kathy Bradley, chairman of the MCG Department of Occupational Therapy.

The radiologic sciences program is open to certified radiologic sciences professionals who want to earn their bachelor's degree in the field. Classes, beginning in August, will be held evenings and weekends so students can continue their careers if they wish while earning their degrees. Students may take one to three courses per semester.

"This part-time program provides radiologic sciences professionals an opportunity to broaden career pathways and expand skills while obtaining a bachelor's degree and increasing their marketability in the rapidly changing fields of diagnostic imaging and radiation therapy," said Dr. Wandy Mundy, chairman of the MCG Department of Radiologic Sciences.

The MCG School of Nursing will offer a family nurse practitioner program leading to a master's degree. Prerequisites include a bachelor's degree in nursing from a program accredited by a national accrediting body. Nurse practitioners have advanced skills and can provide physical examinations, diagnoses and treatment plans in collaboration with physicians.

For more information about the programs, contact the MCG Office of Academic Admissions, AA-170 Kelly Building, Augusta, Ga., 30912-7310, (706) 721-2725.

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